

SRF - DISBURSEMENT REQUEST INFORMATION

1. Community: <u>CITY OF WEST LAFAYETTE</u>	1a. SRF Loan Number: <u>CS 18240001</u>
2. Mailing Address: <u>609 W. Navajo Street</u> <u>West Lafayette, IN 47906</u>	2a. Request No.: <u>ONE HUNDRED FOUR</u>
3. Contact Person: <u>Judith C. Rhodes</u>	3a. Contact Phone No.: <u>(765) 775-5150</u>
4. Community's Authorized Representative: <u>MAYOR JOHN R. DENNIS OR CLERK-TREASURER JUDITH RHODES</u>	
5. Authorized Representative's Phone No.: <u>(765) 775-5100</u>	
6. Description of work for which claim is being made (service, fees, type of, etc.): <u>Western Sanitary Sewer Interceptor-Construction Engineering Services Division III</u>	

7. <u>Contractor</u>	7a. <u>Address</u>	<u>Amount Requested</u>
GREELEY AND HANSEN	LOCKBOX 619776 P.O. BOX 6197 CHICAGO, IL 60680-6197	\$ <u>3,614.00</u>
9. Original Loan Amount:		\$ <u>12,380,000.00</u>
10. Total Amount of Previous Disbursements		\$ <u>9,915,428.00</u>
11. Amount of this Request.....		\$ <u>3,614.00</u> <small>(Amount to Contractor plus retainage)</small>
12. Balance Available after this Disbursement.....		\$ <u>2,460,958.00</u>
13. Is a portion of the claim underlying this Request subject to retainage under I.C.36-1-12-14 or similar law?		YES _____ NO <u>X</u>
14. If yes, the retainage amount is		\$ <u>0.00</u>
<small>(This amount will be sent to the retainage account set forth below and the remainder will be sent directly to the contractor identified above.)</small>		

Name of Bank: _____

Retainage Account Number: _____ Routing Number: _____

15. Has the Qualified Entity paid the request and is now seeking reimbursement?	YES _____ NO <u>X</u>
16. Is any part of this claim a result of a change order?	YES _____ NO <u>X</u>
17. Is this the final payment to the contractor?	YES _____ NO <u>X</u>

The undersigned hereby certifies that this Request is true and correct, that the claim underlying this Request is legally due (and is payable from SRF) in accordance with the Community's Financial Assistance Agreement with the State.

18. DATE: MARCH 29, 2010

18a. _____

AUTHORIZED REPRESENTATIVE SIGNATURE

Mayor John R. Dennis

Judith C. Rhodes, Clerk-Treasurer



GREELEY AND HANSEN

100 S. Wacker Drive, Suite 1400
Chicago, Illinois 60606
p 312 558 9000
f 312 558 1986
www.greeley-hansen.com

March 12, 2010

RECEIVED

MAR 15 2010

UTILITY DIRECTOR

Mr. David Henderson
Utility Director
City of West Lafayette
Wastewater Treatment Utility
500 South River Road
West Lafayette, IN 47906

Subject: Western Sanitary Sewer Interceptor Division III – Construction Services
Invoice No. 312422

Dear David:

The enclosed invoice is for services related to the Western Sanitary Sewer Interceptor–Division III in accordance with the agreement dated January 3, 2007, Amendment 1 dated March 18, 2008 and Amendment 2 dated March 24, 2009. Invoice No. 312422 covers construction inspection and construction administration services through March 5, 2010.

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen


Joseph M. Teusch

JMT/img

INVOICE

For customer service, call 312 578 2375.



GREELEY AND HANSEN

P.O. Box 6197
Chicago, Illinois 60680-6197
p 312 558 9000
www.greeley-hansen.com

Invoice Number: INV-0000312422

Invoice Date: 03/12/10

Description: FOR CONSTRUCTION SERVICES FOR THE WESTERN SANITARY SEWER INTERCEPTOR-DIVISION II IN ACCORDANCE WITH THE AGREEMENT DATED JANUARY 3, 2007 AND AMENDMENT 1 DATED MARCH 18, 2008.

To:
MR. DAVID HENDERSON
CITY OF WEST LAFAYETTE
500 SOUTH RIVER ROAD
WEST LAFAYETTE, IN 47906

Remit To:
GREELEY AND HANSEN
LOCKBOX 619776
P.O. BOX 6197
CHICAGO, IL 60680-6197

Customer Number: 0791
Project Number: 07919.01
Project Name: WESTERN SANITARY
SWR INT CONST
SERVICES
Terms: NET 30
Due Date: 04/11/2010

Contract Value
Cost: 913,600.00
Cumulative Amount Billed: 800,535.92

Services 02/13/10
Through: 03/05/10

	Current Amount	Cumulative Amount
Direct Labor	1,129.53	260,332.68
Salary Multiplier - 3.20 Office	2,068.69	267,723.40
Salary Multiplier - 3.20 Field	416.26	258,750.65
Total Labor	3,614.49	786,806.72

Subconsultants	0.00	8,329.05
Travel	0.00	5,400.15
Printing	0.00	0.00
Miscellaneous	0.00	0.00
Invoice Total	3,614.49	800,535.92

Current Incurred Hours:

35.50

INVOICE



GREELEY AND HANSEN

For customer service, call 312 578 2375.

P.O. Box 6197
Chicago, Illinois 60680-6197
p 312 558 9000
www.greeley-hansen.com

Invoice Number:	INV-0000312422	Project Number	7919.01	Project Name:	Western San Swr Int Construction Services	Invoice Date:	03/12/10
-----------------	----------------	----------------	---------	---------------	---	---------------	----------

Direct Labor Supporting Schedule

Group Description:	Total Labor
--------------------	-------------

Labor Cat Descr.	Employee/ Vendor	Rate	Current Hours	Rate	Current Amount	Salary Multiplier	Total
CIVIL SANITARY ASSOCIATE	TOMMY SHORT	Field Rate	3.50	54.06	189.21	3.200	605.47
CIVIL SANITARY DESIGNER	JOHN WHITE	Office Rate	24.00	25.68	616.32	3.200	1,972.22
CIVIL SANITARY DESIGNER	DONALD THOMPSON	Office Rate	8.00	40.50	324.00	3.200	1,036.79
Total Labor			35.50		1,129.53		3,614.49

Direct Labor	1,129.53
Office Indirect	2,068.69
Field Indirect	416.26
	3,614.49